

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597683

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				-		
3				-		
4				-		
5				-		
6				-		
7				-		
8				-		
9				-		
10				-		
11				-		
12				-		
13				-		
14				-		
15				-		
16				-		
17				-		
18				-		
19				-		
20				-		
21				-		
22				-		
23				-		
24				-		
25				-		
26				-		
27				-		
28				-		
29				-		
30				-		
31				-		
32				-		
33				-		
34				-		
35				-		
36				-		
37				-		
38				-		
39				-		
40				-		
41				-		
42				-		
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	59	←		←
TOTAL CLAIMS			60			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				-		
52				-		
53				-		
54				-		
55				-		
56				-		
57				-		
58				-		
59				-		
60				-		
61				-		
62				-		
63				-		
64				-		
65				-		
66				-		
67				-		
68				-		
69				-		
70				-		
71				-		
72				-		
73				-		
74				-		
75				-		
76				-		
77				-		
78				-		
79				-		
80				-		
81				-		
82				-		
83				-		
84				-		
85				-		
86				-		
87				-		
88				-		
89				-		
90				-		
91				-		
92				-		
93				-		
94				-		
95				-		
96				-		
97				-		
98				-		
99				-		
100				-		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						